


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90018 044 ****50.00

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DOCUMENT # M99000001538					
1. Entity Name THE MOUNT DORA OPHTHALMOLOGY ASC, LLC					
Principal Place of Business 20 BURTON HILLS BOULEVARD NASHVILLE, TN 37215			Mailing Address 20 BURTON HILLS BOULEVARD NASHVILLE, TN 37215		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	04182006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MGR	<input checked="" type="checkbox"/> Delete		TITLE	MGRM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRELL, ROYCE			NAME	AMSURG HOLDINGS, INC.
STREET ADDRESS	20 BURTON HILLS BOULEVARD			STREET ADDRESS	20 BURTON HILLS BLVD; 5TH FLOOR
CITY-ST-ZIP	NASHVILLE, TN 37215			CITY-ST-ZIP	NASHVILLE, TN 37215
TITLE	MGR	<input checked="" type="checkbox"/> Delete		TITLE	MGRM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLL, FRANK J			NAME	MID-FLORIDA SURGERY CENTER, INC
STREET ADDRESS	20 BURTON HILLS BOULEVARD			STREET ADDRESS	17560 WEST HIGHWAY 441
CITY-ST-ZIP	NASHVILLE, TN 37215			CITY-ST-ZIP	MOUNT DORA, FL 32757
TITLE	MGR	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAYNE, BILLIE A			NAME	
STREET ADDRESS	20 BURTON HILLS BLVD, 5TH FLOOR			STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE, TN 37215			CITY-ST-ZIP	
TITLE	MGR	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINKER, CYNTHIA			NAME	
STREET ADDRESS	20 BURTON HILLS BOULEVARD			STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE, TN 37215			CITY-ST-ZIP	
TITLE	MGR	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GULMI, CLAIRE M			NAME	
STREET ADDRESS	20 BURTON HILLS BOULEVARD			STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE, TN 37215			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <i>Claire M Gulmi</i>				4/24/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date	
				615-665-1283	
				Daytime Phone #	